GAVILAN COLLEGE
5055 Santa Teresa Blvd.
Gilroy, CA 95020

COVD 19 EXCUSED WITHDRAWAL PETITION

Please Print

Today's Date: _____ Petition Request For Fall / 2020
Term Year

Name: _____ G #: _____
First name Last name

Email: _____ Phone #: (_____) _____

This form is to be used in the event that a student wishes to take an Excused Withdrawal (EW) for one or more courses due to COVID-19 related circumstances.

The EW grade may affect your financial aid, athletic eligibility, and some scholarships and sponsorships the same way a No Record Shown (NRS) drop does; an EW grade will appear on your transcript but does not count in your GPA, academic standing or satisfactory progress standing. If you are a student in a special population, such as EOPS, Veterans, Athletics, etc., please contact your counselor to discuss what options are best for you. All students are encouraged to speak with a counselor to determine if an EW is appropriate for your circumstances. Enrollment fees may be reversed once an EW-Covid appeal has been processed.

Email form with supporting documentation to Linda Diaz at Lmdiaz@gavilan.edu.

- Submit this petition along with supporting documentation. ***Appeals submitted without documentation are considered incomplete and will not be reviewed by the Committee.***

- In accordance with Title 5, section 55024(e), the governing board of a district shall adopt an EW procedure based upon verifiable documentation supporting the request. An EW is acceptable when a student withdraws from a course(s) due to reasons beyond their control. Verifiable documentation can include, but is not limited to a note from a doctor stating the student is not currently able to complete the work due to illness, employment verification of a new job, a booking report, the police report of an accident, or any other documentation that proves the student's completion of a course is impractical.

- When complete, your petition will be reviewed by the Academic Appeals Committee.

- You will receive an email indicating approval or denial, and the reasons and/or the limitations imposed by the Academic Appeals Committee.

- Approval of this petition has no bearing on any decisions made regarding financial aid. Please consult with The Financial Aid Office about the impact it may have.

- **We accept academic appeals within 1 year of the appeal term . Please note that if the outcome will affect a future term, the complete appeal packet with all documentation must be submitted no later than 3 weeks before the start of that future term, within the 1 year time limit.**

What is the specific action you wish the Committee to consider?

(Use a separate sheet if necessary)

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Please make a note below of the type of documentation included with this petition.

Student's Signature _____ Date _____

To be completed by Academic Appeals Committee

Petition is: ☐ Approved ☐ Denied ☐ Additional Information Needed

Rationale:_____

_____ _____

Chair, Academic Appeals Committee **Date**